



ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 12-MAY-2017		TIME 14:25:00		2. ADDRESS OF OCCURRENCE 4619 W MAYPOLE AVE CHICAGO, IL 60644		3. LOCATION CODE 303		4. BEAT/OCCUR 1113		5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO												
INVOLVED	6. POSITION 9161		7. LAST NAME HERNANDEZ		8. FIRST NAME MARTIN		9. STAR NO. 6529		10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		11. RACE CODE WWH		12. AGE [REDACTED]		13. HT. 506		14. WT 185					
	15. DATE OF APPT. 03-JUN-2013		16. EMPLOYEE NO. [REDACTED]		17. UNIT & BEAT OF ASSIGNMENT 011 1161A		18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
INFORMATION	21. LAST NAME EATON		22. FIRST NAME DEANGELA		23. M.I. V		24. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		25. RACE BLK		26. D.O.B. 02-MAY-1992		27. HT. 511		28. WT. 140							
	29. ADDRESS 204 N KENNETH AVE CHICAGO, IL 60624				30. TELEPHONE NO.		31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None				35. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOSPITAL																	
	36. BY WHOM? ER STAFF				37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																	
38. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****										39. CB NO. 19478626		IR NO.		<input type="checkbox"/> DNA								
SUBJECT'S ACTIONS	40. PASSIVE RESISTER			ACTIVE RESISTER			ASSAILANT: ASSAULT			ASSAILANT: BATTERY			ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>			FLED <input checked="" type="checkbox"/>			IMMINENT THREAT OF BATTERY <input type="checkbox"/>			ATTACK WITH WEAPON <input checked="" type="checkbox"/>			USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>									
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>			PULLED AWAY <input type="checkbox"/>			OTHER _____			ATTACK WITHOUT WEAPON <input type="checkbox"/>			WEAPON <input checked="" type="checkbox"/>										
OTHER _____			OTHER _____			PERCEIVED AS _____			OTHER _____			OTHER _____										
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>			ELBOW STRIKE <input type="checkbox"/>			KNEE STRIKE <input type="checkbox"/>			FIREARM <input checked="" type="checkbox"/>									
	VERBAL COMMANDS <input checked="" type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>			CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>			KICKS <input type="checkbox"/>			OTHER _____									
ESCORT HOLDS <input type="checkbox"/>			OC CHEMICAL WEAPON <input type="checkbox"/>			IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>			IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			OTHER _____										
WRISTLOCK <input type="checkbox"/>			CANINE <input type="checkbox"/>			OTHER _____																
ARMBAR <input type="checkbox"/>			TASER (Probe Discharge) <input type="checkbox"/>																			
PRESSURE SENSITIVE AREAS <input type="checkbox"/>			01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
CONTROL INSTRUMENT <input type="checkbox"/>			TASER (Contact Stun) <input type="checkbox"/>																			
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>			01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
LRAD WITH AUTHORIZATION <input type="checkbox"/>			TASER (ARC Cycle) <input type="checkbox"/>																			
OTHER _____			01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
			TASER (Spark Displayed) <input type="checkbox"/>																			
			01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>																			
			OTHER _____																			
WEAPON DISCHARGE INCIDENT	41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member													
	46. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors			48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial			49. WEATHER CONDITIONS CLEAR												
	50. MAKE/MANUFACTURER GLOCK, INC.-AU-			51. MODEL 17			52. BARREL LENGTH 4.5			53. CALIBER/GAUGE 9 MM												
	54. TASER DART ID NO.			55. WEAPON SERIAL No. (Include Letters) UZW379			56. CHICAGO GUN REG. NO. R033083S			57. IL FIREARM OWNER ID. NO. 25330296			58. HANDGUN CERTIFICATE NO.									
	59. SPECIAL WEAPON CERTIFICATE NO.			60. PROPERTY INVENTORY NO.			61. TYPE OF AMMUNITION USED Department Issued			62. NO OF WEAPONS DISCHARGED BY THIS MEMBER. 1			63. TOTAL NO. OF SHOTS MEMBER FIRED 16									
	64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)			65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO			66. NO OF CARTRIDGES/ SHOT SHELLS RELOADED			67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)												
	68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)			69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD						70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE						72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT.						75. EVENT NO. 1713208727 76. R.D. NO. JA260884									
	73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION						74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															

1001 1085786
Attachment 10

INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.			75. EVENT NO. 1713208727	
	78. ADDITIONAL INFORMATION SUBJECT DISCHARGED A SEMI AUTOMATIC PISTOL AT THE AFFECTED MEMBER AND STRUCK THE MEMBER IN THE CHEST				
SIGNATURES	79. REPORTING MEMBER (Print Name) HERNANDEZ, MARTIN 12-MAY-2017 23:06:08		STAR/EMPLOYEE NO. 6529	SIGNATURE 	76. R.D. NO. JA260884
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.				
80. REVIEWING SUPERVISOR (Print Name) SCHNIER, BRIAN T		STAR NO. 1273	SIGNATURE 	DATE REVIEWED TIME 12-MAY-2017 23:39:46	

SUBJECT
INFORMATION

40 CHARGES PLACED

DNA

720 ILCS 5.0/24-1.6-A-2, 725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-B-4, 720 ILCS
5.0/12-2-B-4, 720 ILCS 5.0/12-3.05-E-2, 720 ILCS 5.0/9-1-A-1

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL, (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL, (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY, (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY, (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)
 Subject was transported to Stroger Hospital and brought into surgery.

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS
 Based on the preliminary information that is known at this time, it appears that the member's actions were in compliance with Department policy and procedures. This investigation is ongoing.
 U #17-008

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY
 I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION
 INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.
 LOG NO. 1085186 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)
BAY, ROGER J

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:
 IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:
 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
 2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:
 A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

██████████

DATE COMPLETED TIME

13-MAY-2017 01:14:18